

**Medtronic**

Facsimile Cover Sheet OFFICIAL

P-8998.00

To: Examiner Manuel
Company: U.S. Patent and Trademark Office
Phone:
Fax: 703 872 9306

RECEIVED
CENTRAL FAX CENTER
AUG 12 2004

From: Paul H. McDowall
Company:  **Medtronic**
Phone: 763 514 3351
Fax: 763 505 2530

Date: August 12, 2004

Pages including this
cover page: 20

Comments: RE: P-8998.00
Serial No. 10/034,060
Applicants: Hess et al.
Filed: December 20, 2001
Title: AUTOMATED REAPPLICATION OF ATRIAL PACING THERAPIES

Attached please find the following documents:

X Amendment
X Transmittal

IF TELECOPY IS ILLEGIBLE OR ALL PAGES HAVE NOT BEEN RECEIVED, PLEASE CONTACT MOLLY CHLEBECK AT TELEPHONE (763) 514-3118 IMMEDIATELY.

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ON THIS TRANSMITTAL FORM. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS LISTED ABOVE VIA THE U.S. POSTAL SERVICE. THANK YOU.

OFFICIAL

DOCKET NO.: P-8998.00

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL**

In re Application of: Michael F. Hess et al.

For: AUTOMATED REAPPLICATION OF ATRIAL PACING THERAPIES

Serial No.: 10/034,060

Filed: December 20, 2001

**RECEIVED
CENTRAL FAX CENTER**

AUG 12 2004

CERTIFICATE UNDER 37 CFR §1.8 I hereby certify that this Amendment and Transmittal and the paper(s), as described herein are being sent to telefacsimile No. (703) 872 9306, MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 12th day of August, 2004.



Signature

MOLLY CHLEBECK

Printed Name

MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

☒ AMENDMENT☐

Applicant hereby petitions for _____ months' extension of time. If an additional extension of time is required, please consider this petition therefor.

☐

Please charge Deposit Account No. 13-2546 in the amount of \$_____ for the one-month extension fee.

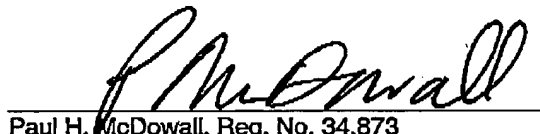
☒

Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Amendment Transmittal with regard to this filing. A duplicate of this transmittal is enclosed.

☒

Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.

Date



Paul H. McDowall, Reg. No. 34,873

Telephone: (763) 514-3351

Customer No. 27581